



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent application of: )  
Dean F. Barber ) Before the Examiner  
Serial No. 09/690,940 )  
Filed October 18, 2000 ) Timothy M. Harbeck  
POINT OF SERVICE THIRD PARTY )  
FINANCIAL MANAGEMENT VEHICLE )  
FOR THE HEALTHCARE INDUSTRY ) Group Art Unit 3628  
Atty Docket No. 3425-24/OHB-0047

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C. David Emhardt  
Name of Registered Representative

C. David Emhardt

Signature

October 10, 2006

Date of Signature

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action dated April 7, 2006, Applicant respectfully requests entry of the following amendments and consideration of the accompanying remarks.

Filed concurrent with this Response is a Request for a three month Extension of Time. In accordance with 37 C.F.R. § 1.114 (a), the Commissioner is authorized to charge \$1335.00 to the credit card as listed on the enclosed Credit Card Payment Form to cover the fee for filing for the three month extension of time (\$510.00) and fees for 34 additional excess claims (\$825.00). No additional fees are believed due. However, if any additional fees are due, the Commissioner is authorized to provide any necessary extensions of time and charge any fees which may be due to Deposit Account No. 23-3030, but not to include any payment of issue fees.

10/13/2006 HGUTEMA1 00000066 09690940

02 FC:2201  
03 FC:2202

200.00 OP  
625.00 OP

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|   |  |                      |                    |
|---|--|----------------------|--------------------|
| Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                    |  | Complete if Known    |                    |
| <b>FEE TRANSMITTAL</b><br>OCT 13 2006<br>for FY 2006                                      |  | Application Number   | 09/690,940         |
|   |  | Filing Date          | October 18, 2000   |
|   |  | First Named Inventor | Dean F. Boyer      |
|   |  | Examiner Name        | Timothy M. Harbeck |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Art Unit             | 3628               |
| TOTAL AMOUNT OF PAYMENT (\$1335.00)   |  | Attorney Docket No.  | 3425-24            |

**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments.                      |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |                |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |                |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |                |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |                |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Small Entity           |
|--|------------------------|
| Each claim over 20 (including Reissues)            | Fee (\$)<br>50<br>25   |
| Each independent claim over 3 (including Reissues) | Fee (\$)<br>200<br>100 |
| Multiple dependent claims                          | Fee (\$)<br>360<br>180 |

| Total Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Small Entity              | Fee (\$)             |
|---|--------------|----------|---------------|---------------------------|----------------------|
| 64  | -39 or HP    | =25      | x25           | Fee (\$)<br>=625.00       | Fee (\$)<br>50<br>25 |
| HP = highest number of total claims paid for, if greater than 20      |              |          |               |                           |                      |
| Independent Claims  | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$)             |
| 7   | -5 or HP     | =2       | x100          | Fee (\$)<br>=200.00       | Fee (\$)<br>x<br>=0  |
| HP = highest number of independent claims paid for, if greater than 3 |              |          |               |                           |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s).

|              |              |  |          |               |
|--------------|--------------|--|----------|---------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| -100         | =            | /50 = (round up to a whole number)               | x        | 0             |

**4. OTHER FEE(S)**

|                          |               |
|--------------------------|---------------|
| Extension of Time (3 mo) | Fee Paid (\$) |
|                          | 510.00        |

|                   |                  |                                      |                  |           |                |
|-------------------|------------------|--------------------------------------|------------------|-----------|----------------|
| Signature         | C. David Emhardt | Registration No.<br>(Attorney/Agent) | 18,483           | Telephone | (317) 634-3456 |
| Name (Print/Type) | C. David Emhardt | Date                                 | October 10, 2006 |           |                |

**CERTIFICATE OF MAILING OR TRANSMISSION**

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|                   |                  |
|-------------------|------------------|
| Name (Print/Type) | Cindy Wiles      |
| Signature         | Cindy Wiles      |
| Date              | October 10, 2006 |